

# House Study Bill 75 - Introduced

HOUSE FILE \_\_\_\_\_

BY (PROPOSED COMMITTEE ON  
STATE GOVERNMENT BILL BY  
CHAIRPERSON VANDER LINDEN)

## A BILL FOR

1 An Act providing for the licensing of polysomnographic  
2 technologists and exceptions thereto, making penalties  
3 applicable, and including effective date provisions.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 135.24, subsection 2, paragraph a, Code  
2 2015, is amended to read as follows:

3 a. Procedures for registration of health care providers  
4 deemed qualified by the board of medicine, the board of  
5 physician assistants, the dental board, the board of nursing,  
6 the board of chiropractic, the board of psychology, the board  
7 of social work, the board of behavioral science, the board  
8 of pharmacy, the board of optometry, the board of podiatry,  
9 the board of physical and occupational therapy, the board of  
10 respiratory care and polysomnography, and the Iowa department  
11 of public health, as applicable.

12 Sec. 2. Section 147.1, subsections 3 and 6, Code 2015, are  
13 amended to read as follows:

14 3. "*Licensed*" or "*certified*", when applied to a physician  
15 and surgeon, podiatric physician, osteopathic physician and  
16 surgeon, physician assistant, psychologist, chiropractor,  
17 nurse, dentist, dental hygienist, dental assistant,  
18 optometrist, speech pathologist, audiologist, pharmacist,  
19 physical therapist, physical therapist assistant, occupational  
20 therapist, occupational therapy assistant, orthotist,  
21 prosthetist, pedorthist, respiratory care practitioner,  
22 practitioner of cosmetology arts and sciences, practitioner  
23 of barbering, funeral director, dietitian, marital and  
24 family therapist, mental health counselor, polysomnographic  
25 technologist, social worker, massage therapist, athletic  
26 trainer, acupuncturist, nursing home administrator, hearing aid  
27 dispenser, or sign language interpreter or transliterator means  
28 a person licensed under this subtitle.

29 6. "*Profession*" means medicine and surgery, podiatry,  
30 osteopathic medicine and surgery, practice as a physician  
31 assistant, psychology, chiropractic, nursing, dentistry,  
32 dental hygiene, dental assisting, optometry, speech pathology,  
33 audiology, pharmacy, physical therapy, physical therapist  
34 assisting, occupational therapy, occupational therapy  
35 assisting, respiratory care, cosmetology arts and sciences,

1 barbering, mortuary science, marital and family therapy, mental  
2 health counseling, polysomnography, social work, dietetics,  
3 massage therapy, athletic training, acupuncture, nursing  
4 home administration, hearing aid dispensing, sign language  
5 interpreting or transliterating, orthotics, prosthetics, or  
6 pedorthics.

7 Sec. 3. Section 147.2, subsection 1, Code 2015, is amended  
8 to read as follows:

9 1. A person shall not engage in the practice of medicine  
10 and surgery, podiatry, osteopathic medicine and surgery,  
11 psychology, chiropractic, physical therapy, physical  
12 therapist assisting, nursing, dentistry, dental hygiene,  
13 dental assisting, optometry, speech pathology, audiology,  
14 occupational therapy, occupational therapy assisting,  
15 orthotics, prosthetics, pedorthics, respiratory care,  
16 pharmacy, cosmetology arts and sciences, barbering, social  
17 work, dietetics, marital and family therapy or mental health  
18 counseling, massage therapy, mortuary science, polysomnography,  
19 athletic training, acupuncture, nursing home administration,  
20 hearing aid dispensing, or sign language interpreting  
21 or transliterating, or shall not practice as a physician  
22 assistant, unless the person has obtained a license for that  
23 purpose from the board for the profession.

24 Sec. 4. Section 147.13, subsection 18, Code 2015, is amended  
25 to read as follows:

26 18. For respiratory care and polysomnography, the board of  
27 respiratory care and polysomnography.

28 Sec. 5. Section 147.14, subsection 1, paragraph o, Code  
29 2015, is amended to read as follows:

30 o. For respiratory care and polysomnography, one licensed  
31 physician with training in respiratory care, ~~three~~ two  
32 respiratory care practitioners who have practiced respiratory  
33 care for a minimum of six years immediately preceding their  
34 appointment to the board and who are recommended by the society  
35 for respiratory care, one polysomnographic technologist who

1 has practiced polysomnography for a minimum of six years  
2 immediately preceding appointment to the board and who  
3 is recommended by the Iowa sleep society, and one member  
4 not licensed to practice medicine, osteopathic medicine,  
5 polysomnography, or respiratory care who shall represent the  
6 general public.

7 Sec. 6. Section 147.74, Code 2015, is amended by adding the  
8 following new subsection:

9 NEW SUBSECTION. 23A. A person who is licensed to engage in  
10 the practice of polysomnography shall have the right to use the  
11 title "polysomnographic technologist" or the letters "P.S.G.T."  
12 after the person's name. No other person may use that title  
13 or letters or any other words or letters indicating that the  
14 person is a polysomnographic technologist.

15 Sec. 7. NEW SECTION. 148G.1 **Definitions.**

16 As used in this chapter, unless the context otherwise  
17 requires:

18 1. "*Board*" means the board of respiratory care and  
19 polysomnography established in chapter 147.

20 2. "*Direct supervision*" means that the polysomnographic  
21 technologist providing supervision must be present where the  
22 polysomnographic procedure is being performed and immediately  
23 available to furnish assistance and direction throughout the  
24 performance of the procedure.

25 3. "*General supervision*" means that the polysomnographic  
26 procedure is provided under a physician's or qualified health  
27 care professional prescriber's overall direction and control,  
28 but the physician's or qualified health care professional  
29 prescriber's presence is not required during the performance  
30 of the procedure.

31 4. "*Physician*" means a person who is currently licensed in  
32 Iowa to practice medicine and surgery or osteopathic medicine  
33 and surgery and who is board certified in sleep medicine and  
34 who is actively involved in the sleep medicine center or  
35 laboratory.

1     5. "*Polysomnographic student*" means a person who is  
2 enrolled in a program approved by the board and who may  
3 provide sleep-related services under the direct supervision  
4 of a polysomnographic technologist as a part of the person's  
5 educational program.

6     6. "*Polysomnographic technician*" means a person who has  
7 graduated from a program approved by the board, but has not  
8 yet received an accepted national credential awarded from an  
9 examination program approved by the board and who may provide  
10 sleep-related services under the direct supervision of a  
11 licensed polysomnographic technologist for a period of up to  
12 thirty days following graduation while awaiting credentialing  
13 examination scheduling and results.

14    7. "*Polysomnographic technologist*" means a person licensed  
15 by the board to engage in the practice of polysomnography under  
16 the general supervision of a physician or a qualified health  
17 care professional prescriber.

18    8. "*Practice of polysomnography*" means as described in  
19 section 148G.2.

20    9. "*Qualified health care practitioner*" means an individual  
21 who is licensed under section 147.2, and who holds a  
22 credential listed on the board of registered polysomnographic  
23 technologists list of accepted allied health credentials.

24    10. "*Qualified health care professional prescriber*" means a  
25 physician assistant operating under the prescribing authority  
26 granted in section 147.107 or an advanced registered nurse  
27 practitioner operating under the prescribing authority granted  
28 in section 147.107.

29    11. "*Sleep-related services*" means acts performed by  
30 polysomnographic technicians, polysomnographic students, and  
31 other persons permitted to perform those services under this  
32 chapter, in a setting described in this chapter that would be  
33 considered the practice of polysomnography if performed by a  
34 polysomnographic technologist.

35    Sec. 8. NEW SECTION. 148G.2 Practice of polysomnography.

1 The practice of polysomnography consists of but is not  
2 limited to the following tasks as performed for the purpose of  
3 polysomnography, under the general supervision of a licensed  
4 physician or qualified health care professional prescriber:

5 1. Monitoring, recording, and evaluating physiologic  
6 data during polysomnographic testing and review during the  
7 evaluation of sleep-related disorders, including sleep-related  
8 respiratory disturbances, by applying any of the following  
9 techniques, equipment, or procedures:

10 a. Noninvasive continuous, bilevel positive airway pressure,  
11 or adaptive servo-ventilation titration on spontaneously  
12 breathing patients using a mask or oral appliance; provided,  
13 that the mask or oral appliance does not extend into the  
14 trachea or attach to an artificial airway.

15 b. Supplemental low-flow oxygen therapy of less than six  
16 liters per minute, utilizing a nasal cannula or incorporated  
17 into a positive airway pressure device during a polysomnogram.

18 c. Capnography during a polysomnogram.

19 d. Cardiopulmonary resuscitation.

20 e. Pulse oximetry.

21 f. Gastroesophageal pH monitoring.

22 g. Esophageal pressure monitoring.

23 h. Sleep stage recording using surface  
24 electroencephalography, surface electrooculography, and surface  
25 submental electromyography.

26 i. Surface electromyography.

27 j. Electrocardiography.

28 k. Respiratory effort monitoring, including thoracic and  
29 abdominal movement.

30 l. Plethysmography blood flow monitoring.

31 m. Snore monitoring.

32 n. Audio and video monitoring.

33 o. Body movement monitoring.

34 p. Nocturnal penile tumescence monitoring.

35 q. Nasal and oral airflow monitoring.

1     *r.* Body temperature monitoring.

2     2. Monitoring the effects that a mask or oral appliance  
3 used to treat sleep disorders has on sleep patterns; provided,  
4 however, that the mask or oral appliance shall not extend into  
5 the trachea or attach to an artificial airway.

6     3. Observing and monitoring physical signs and symptoms,  
7 general behavior, and general physical response to  
8 polysomnographic evaluation and determining whether initiation,  
9 modification, or discontinuation of a treatment regimen is  
10 warranted.

11    4. Analyzing and scoring data collected during the  
12 monitoring described in this section for the purpose of  
13 assisting a physician in the diagnosis and treatment of sleep  
14 and wake disorders that result from developmental defects,  
15 the aging process, physical injury, disease, or actual or  
16 anticipated somatic dysfunction.

17    5. Implementation of a written or verbal order from a  
18 physician or qualified health care professional prescriber to  
19 perform polysomnography.

20    6. Education of a patient regarding the treatment regimen  
21 that assists the patient in improving the patient's sleep.

22    7. Use of any oral appliance used to treat sleep-disordered  
23 breathing while under the care of a licensed polysomnographic  
24 technologist during the performance of a sleep study, as  
25 directed by a licensed dentist.

26    Sec. 9. NEW SECTION. 148G.3 Location of services.

27    The practice of polysomnography shall take place only in a  
28 facility that is accredited by a nationally recognized sleep  
29 medicine laboratory or center accrediting agency, in a hospital  
30 licensed under chapter 135B, or in a patient's home pursuant to  
31 rules adopted by the board; provided, however, that the scoring  
32 of data and the education of patients may take place in another  
33 setting.

34    Sec. 10. NEW SECTION. 148G.4 Scope of chapter.

35    Nothing in this chapter shall be construed to limit or

1 restrict a health care practitioner licensed in this state from  
2 engaging in the full scope of practice of the individual's  
3 profession.

4     Sec. 11. NEW SECTION. **148G.5 Rulemaking.**

5     The board shall adopt rules necessary for the implementation  
6 and administration of this chapter and the applicable  
7 provisions of chapters 147 and 272C.

8     Sec. 12. NEW SECTION. **148G.6 Licensing requirements.**

9     1. Beginning January 1, 2017, a person seeking licensure  
10 as a polysomnographic technologist shall apply to the board  
11 and pay the fees established by the board for licensure.  
12 The application shall show that the applicant is of good  
13 moral character and is at least eighteen years of age, and  
14 shall include proof that the person has satisfied one of the  
15 following educational requirements:

16     *a.* Graduation from a polysomnographic educational program  
17 that is accredited by the committee on accreditation for  
18 polysomnographic technologist education or an equivalent  
19 program as determined by the board.

20     *b.* Graduation from a respiratory care educational program  
21 that is accredited by the commission on accreditation  
22 for respiratory care or by a committee on accreditation  
23 for the commission on accreditation of allied health  
24 education programs, and completion of the curriculum for a  
25 polysomnographic certificate established and accredited by the  
26 commission on accreditation of allied health education programs  
27 as an extension of the respiratory care program.

28     *c.* Graduation from an electroneurodiagnostic technologist  
29 educational program that is accredited by the committee  
30 on accreditation for education in electroneurodiagnostic  
31 technology or by a committee on accreditation for the  
32 commission on accreditation of allied health education  
33 programs, and completion of the curriculum for a  
34 polysomnographic certificate established and accredited by the  
35 commission on accreditation of allied health education programs



1 as an extension of the electroneurodiagnostic educational  
2 program.

3 2. Notwithstanding subsection 1, beginning January 1, 2017,  
4 the board may issue a license to perform polysomnography to  
5 a health care practitioner who holds an active license under  
6 section 147.2 in a profession other than polysomnography and  
7 who is in good standing with the board for that profession upon  
8 application to the board demonstrating either of the following:  
9 a. Successful completion of an educational program in  
10 polysomnography approved by the board.

11 b. Successful completion of an examination in  
12 polysomnography approved by the board.

13 3. Notwithstanding subsection 1, beginning January 1,  
14 2017, a person who is working in the field of sleep medicine  
15 on January 1, 2017, may apply to the board for a license to  
16 perform polysomnography. The board may issue a license to the  
17 person, without examination, provided the application contains  
18 verification that the person has completed five hundred  
19 hours of paid clinical or nonclinical polysomnographic work  
20 experience within the three years prior to submission of the  
21 application. The application shall also contain verification  
22 from the person's supervisor that the person is competent to  
23 perform polysomnography.

24 4. A person who is working in the field of sleep medicine  
25 on January 1, 2017, who is not otherwise eligible to obtain  
26 a license pursuant to this section shall have until January  
27 1, 2018, to achieve a passing score on an examination as  
28 designated by the board. The board shall allow the person  
29 to attempt the examination and be awarded a license as a  
30 polysomnographic technologist by meeting or exceeding the  
31 passing point established by the board. After January 1,  
32 2018, only persons licensed as polysomnographic technologists  
33 pursuant to this chapter, or excepted from the requirements of  
34 this chapter may perform sleep-related services.

35 Sec. 13. NEW SECTION. 148G.7 Persons exempt from licensing

1 requirement.

2 1. The following persons may provide sleep-related services  
3 without being licensed as a polysomnographic technologist under  
4 this chapter:

5 a. A qualified health care practitioner may provide  
6 sleep-related services under the direct supervision of a  
7 licensed polysomnographic technologist for a period of up to  
8 six months while gaining the clinical experience necessary  
9 to meet the admission requirements for a polysomnographic  
10 credentialing examination. The board may grant a one-time  
11 extension of up to six months.

12 b. A polysomnographic student may provide sleep-related  
13 services under the direct supervision of a polysomnographic  
14 technologist as a part of the student's educational program  
15 while actively enrolled in a polysomnographic educational  
16 program that is accredited by the commission on accreditation  
17 of allied health education programs or an equivalent program as  
18 determined by the board.

19 2. Before providing any sleep-related services, a  
20 polysomnographic technician or polysomnographic student who is  
21 obtaining clinical experience shall give notice to the board  
22 that the person is working under the direct supervision of a  
23 polysomnographic technologist in order to gain the experience  
24 to be eligible to sit for a national certification examination.  
25 The person shall wear a badge that appropriately identifies the  
26 person while providing such services.

27 Sec. 14. NEW SECTION. 148G.8 Licensing sanctions.

28 The board may impose sanctions for violations of this  
29 chapter as provided in chapters 147 and 272C.

30 Sec. 15. Section 152B.1, subsection 1, Code 2015, is amended  
31 to read as follows:

32 1. "Board" means the board of respiratory care and  
33 polysomnography created under chapter 147.

34 Sec. 16. Section 272C.1, subsection 6, paragraph z, Code  
35 2015, is amended to read as follows:

1       z. The board of respiratory care and polysomnography in  
2 licensing respiratory care practitioners pursuant to chapter  
3 152B and polysomnographic technologists pursuant to chapter  
4 148G.

5       Sec. 17. INITIAL APPOINTMENT OF POLYSOMNOGRAPHIC  
6 TECHNOLOGIST TO BOARD. For the initial appointment of the  
7 polysomnographic member to the board of respiratory care and  
8 polysomnography pursuant to section 147.14, as amended in this  
9 Act, such appointee must be eligible for licensure pursuant to  
10 this Act. The appointment shall be effective upon the first  
11 expiration of the term of an existing respiratory care board  
12 member which occurs after the effective date of this section  
13 of this Act.

14      Sec. 18. EFFECTIVE DATE. The following provision or  
15 provisions of this Act take effect January 1, 2017:

16 1. The section of this Act amending section 147.2,  
17 subsection 1.

18 EXPLANATION

19           The inclusion of this explanation does not constitute agreement with  
20           the explanation's substance by the members of the general assembly.

21 This bill requires the licensing of polysomnographic  
22 technologists beginning January 1, 2017, and makes the  
23 provisions of Code chapters 147 and 272C, including penalty  
24 and other regulatory provisions, applicable to other health  
25 professions applicable to the practice of polysomnography.  
26 Code section 147.86 provides that it is a serious misdemeanor  
27 to violate a provision of the licensing laws. A serious  
28 misdemeanor is punishable by confinement for no more than one  
29 year and a fine of at least \$315 but not more than \$1,875. The  
30 licensing program is administered and regulated by the board of  
31 respiratory care and polysomnography, with one respiratory care  
32 practitioner replaced by a polysomnographic technologist.

33       The bill provides that the board may issue a license to a  
34 person who has graduated from one of three educational programs  
35 approved by the board. The board may also issue a license

1 to any health care practitioner licensed under Code section  
2 147.2 to practice polysomnography as long as the practitioner  
3 shows the board that he or she has completed an educational  
4 program or passed an examination approved by the board. The  
5 board may license a person working in the field of sleep  
6 medicine on January 1, 2017, without examination, to perform  
7 polysomnography. The applicant must provide evidence that  
8 the applicant has completed 500 hours of paid clinical or  
9 nonclinical polysomnographic work experience within the three  
10 years prior to submission of the application. The application  
11 shall also contain verification from the applicant's supervisor  
12 that the applicant is competent to perform polysomnography.  
13 A person currently practicing polysomnography who is not  
14 otherwise eligible for licensure under the bill has until  
15 January 1, 2018, to pass an examination approved by the board.  
16 A licensed polysomnographic technologist practices under  
17 the general supervision of a physician, a physician assistant,  
18 or an advanced registered nurse practitioner, providing  
19 specifically enumerated services related to sleep disorders. A  
20 polysomnographic student enrolled in an approved educational  
21 program provides services under the direct supervision of a  
22 polysomnographic technologist.